MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

01752

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND | LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FLOYD (Middle) (Last) ARTIS
4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 9/24/1875
9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer - Coloneo Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ARTIS, SAMUEL
14. MOTHER'S MAIDEN NAME: BOWLEN, SALLY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: MRS. FLOYD ARTIS, MT. LAKE PARK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mesenteric thrombosis. — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Splenic infarction.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1952, to 2/5, 1952, that I last saw the deceased alive on 2/5/52, 1952, and that death occurred at 5 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Alvarez M.D. Oakland, Md. 2/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Feb. 8-52 | Red House | Oakland Md. R 7 D.

DATE REC'D BY LOCAL REG. 2/8/52 | REGISTRAR'S SIGNATURE Julia A. Rowan | 24. FUNERAL DIRECTOR Wayne C. Spiggle | ADDRESS Davis, W.Va.

RECEIVED
FEB 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01753

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY: Garrett Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Lake Park
LENGTH OF STAY (in this place): 17 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: ~~Garrett Co Md~~ COUNTY: Penn
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Addison, Pa. R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): Catherine (First) I (Middle) Bowser (Last)

4. DATE OF DEATH: Feb 3 (Month) 1952 (Day) (Year) 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 5-10-1872
9. AGE last birthday: 79 yrs. If under 1 year: Months 8, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Garrett Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Grover
14. MOTHER'S MAIDEN NAME: Susan Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Harry Bowser, Addison Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure

331x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple cerebro-vascular accidents — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Sept, 1950, to 28 Jan, 1952, that I last saw the deceased alive on 28 Jan, 1952, and that death occurred at 4:40 A.m., from the causes and on the date stated above.

SIGNATURE: Thomas L Lusby (Degree or title) M.D.
ADDRESS: Oakland, Md
DATE SIGNED: 3 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 2/5/52
NAME OF CEMETERY OR CREMATORY: Addison Cemetery
LOCATION (City, town, or county) (State): Addison, Pa

DATE REC'D BY LOCAL REG.: Feb. 3/52
REGISTRAR'S SIGNATURE: Julia G Rowan
24. FUNERAL DIRECTOR: T.H.D. Rickebarger
ADDRESS: Addison Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
FEB 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01754

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park; LENGTH OF STAY (in this place) 41 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Boiling Springs Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park; STREET ADDRESS (If rural, give location) Boiling Springs Road

3. NAME OF DECEASED (Type or Print): (First) Alberta (Middle) Phillips (Last) Campbell

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 27, 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4/11/1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Phillips

14. MOTHER'S MAIDEN NAME: Alcinda Catherine Sapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT AND ADDRESS: Leroy Campbell Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 hour
33 IX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nighh Blood presure andNephriyitis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Worry andNervous Strain

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at times, 19 50, to Feb 27 1952, that I last saw the deceased alive on 2-21, 19 52, and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/1/1952 | NAME OF CEMETERY OR CREMATORY: Davis Cemetery | LOCATION (City, town, or county) (State): near Vindex, Md.

DATE REC'D BY LOCAL REG. 3/1/52 | REGISTRAR'S SIGNATURE: Julia A Bauserman L.R. | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1952
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

01755

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md. — LENGTH OF STAY (In this place) About 30 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
NORMAN	ROBERT	DAVIS	February 11 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 5, 1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Medical Doctor	own office	Allenwood, Pennsylvania	U.S.A.

13. FATHER'S NAME: Lewis Cass Davis

14. MOTHER'S MAIDEN NAME: Emma Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	WW I	none	Mrs Lorraine Davis, Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma Pancreas	6 months
157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec. 14, 1951	Carcinoma Pancreas, stomach and omentum	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-1, 1951, to 2-11, 1952 that I last saw the deceased alive on 2-11, 1952 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Alexander Solosko, M. D.	Salisbury Pa	2/12/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1952	Grantsville	Grantsville, Garrett Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-13-52	Ethel Broadwater	Wm Winebrenner	Grantsville, Md.

RECEIVED
FEB 18 1952
BUREAU V. S.

01756

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SUE; (Middle) ELLEN; (Last) FIKE

4. DATE OF DEATH: (Month) FEBRUARY (Day) 25, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 9/8/1951

9. AGE last birthday: yrs. If under 1 year: Months 5; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): PA., CONFLUNCE.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: FIKE, EMERSON THOMAS

14. MOTHER'S MAIDEN NAME: SILBAUGH, VIRGINIA FRANCES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. & Mrs. Emerson Fike, Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia - Right

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Feb, 1952, to 25 Feb, 1952, that I last saw the deceased alive on 24 Feb, 1952, and that death occurred at 6:40 A. m., from the causes and on the date stated above.

SIGNATURE: A E Mance (Degree or title) MD ADDRESS: Oakland DATE SIGNED: 26 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 2/26/1952; NAME OF CEMETERY OR CREMATORY: Dunkerson Cemetery; LOCATION (City, town, or county) (State): Friendsville, Md.

DATE REC'D BY LOCAL REG. 2/26/52; REGISTRAR'S SIGNATURE: Julia A Rowan

24. FUNERAL DIRECTOR: Emory D. Bolden; ADDRESS: Oakland, Md.

RECEIVED
OCT 10 1952
PORTLAND, V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
LENGTH OF STAY (in this place) 41 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cor.Center & Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) Cor.Center & Second St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Washington (Last) Finch
4. DATE OF DEATH (Month) February (Day) 14 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov.12,1866
9. AGE last birthday 85 yrs. If under 1 year Months 3 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner -retired
10b. KIND OF BUSINESS OR INDUSTRY coal mines
11. BIRTHPLACE (State or foreign country) near-Grafton, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Henry Finch
14. MOTHER'S MAIDEN NAME Mary Fullard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-09-3226
17. INFORMANT AND ADDRESS Mrs.Blanche Hoey,Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease with Chronic Bronchial Asthma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1952, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 9:15P. m., from the causes and on the date stated above.

SIGNATURE Ralph Colombella (Degree or title) M.D. ADDRESS Kitzmiller Md. DATE SIGNED Feb 15-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-17-52
NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery
LOCATION (City, town, or county) (State) Elk Garden,MineralCo.W.Va
DATE REC'D BY LOCAL REG. 2/16/52
REGISTRAR'S SIGNATURE A.W. Barrick
24. FUNERAL DIRECTOR Otha F. Sharpless, ADDRESS Blaine, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
FEB
BUREAU V. S.

Item 3 FilmG140 3/18/52 whw

758

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ACCIDENT
STREET ADDRESS (If rural, give location): ROUTE # 1

3. NAME OF DECEASED (Type or Print) (First): Emery (Middle): HENRY (Last): GEORGE
4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 22, 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 10/9/1888
9. AGE last birthday: 3 64 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER, Owner
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: GEORG, GEORGE
14. MOTHER'S MAIDEN NAME: STARK, LOUISA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 133-20-5151
17. INFORMANT AND ADDRESS: Mrs. Emery Georg, R#1, Accident, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uresina — 1-week

4 17 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-renal Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ulcerative Colitis Rectum + lower Sigmoid with Hemorrhage

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1948, to 22 Feb., 1952, that I last saw the deceased alive on 22 Feb, 1952, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

SIGNATURE: T. E. Mance (Degree or title): MD — ADDRESS: Oakland — DATE SIGNED: 24 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/25/1952 — NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cemetery — LOCATION (City, town, or county) (State): Accident, Md.

DATE REC'D BY LOCAL REG.: 2/25/52 — REGISTRAR'S SIGNATURE: Julia Rowan — 24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
OCT 10 1972

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) ALEXANDER (Last) HANFT

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 4, 1873
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer Was owner but Sold out
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cove, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles C Hanft
14. MOTHER'S MAIDEN NAME: Anna Oester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: EARL HANFT - ACCIDENT R.D. - SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction
DUE TO
420.0
Antecedent cause(s) (b) Arteriosclerotic heart disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1952, to Feb 8, 1952, that I last saw the deceased alive on Feb 30, 1952, and that death occurred at 7:3 m, from the causes and on the date stated above.

SIGNATURE John F. Whitehill, Jr. (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Pa DATE SIGNED 2-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 2-11-1952
NAME OF CEMETERY OR CREMATORY Cove Cemetary
LOCATION (City, town, or county) Rural Accident (State) Md

DATE REC'D BY LOCAL REG. Feb-9-52
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

YS-A15 8-51

RECEIVED
FEB 13 1952
BUREAU V. S.

#11

302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCIDENT
STREET ADDRESS (If rural, give location) OAKLAND

3. NAME OF DECEASED (Type or Print) (First) WARREN (Middle) EDGAR (Last) HANFT #2

4. DATE OF DEATH (Month) FEBRUARY (Day) 25 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH FEBRUARY 25, 52
9. AGE last birthday ✓ yrs. If under 1 year Months Days If under 24 hrs. Hours 2 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME HANFT, WALTER CHARLES
14. MOTHER'S MAIDEN NAME FRIEND, MYRTLE MARIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. & Mrs. Walter Hanft, Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY 20 WEEKS GESTATION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 HRS 5 MINS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25-52, 19....., to 2-25, 1952, that I last saw the deceased alive on 2-25, 1952 and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 58 2nd St Oakland, Md DATE SIGNED 2-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-26-1952
NAME OF CEMETERY OR CREMATORY Cove, German Lutheran
LOCATION (City, town, or county) Rural Accident (State) Md

DATE REC'D BY LOCAL REG. 3/26/52
REGISTRAR'S SIGNATURE [signature] Local
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1952
BUREAU V. S.

0302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCIDENT
STREET ADDRESS (If rural, give location) MARYLAND

3. NAME OF DECEASED (Type or Print) (First) WAYNE (Middle) EDWARD (Last) HANFT

4. DATE OF DEATH (Month) FEBRUARY (Day) 25 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH FEBRUARY 25, 1952
9. AGE last birthday ✓ yrs. If under 1 year Months Days If under 24 hrs. Hours 5 Min. 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME HANFT, WALTER CHARLES
14. MOTHER'S MAIDEN NAME FRIEND, MYRTLE MARIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. & Mrs. Walter Hanft, Accident, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Prematurity 20 weeks	5 hrs
776x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Gestation	14 mins
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25, 1952, to 2-25, 1952, that I last saw the deceased alive on 2-25, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 58 2nd St. Oakland Md DATE SIGNED 2-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-26-1952
NAME OF CEMETERY OR CREMATORY Cove, German Lutheran
LOCATION (City, town, or county) Rural Accident (State) Md

DATE REC'D BY LOCAL REG. 2/26/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 19[illegible]
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park Md.
LENGTH OF STAY (in this place) 35 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Died in her home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mattie (Middle) Amanda Borland (Last) Hayden
4. DATE OF DEATH (Month) Feb. (Day) 8, (Year) 1952 19

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/27/1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elk Mills Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Delaplane Borland
14. MOTHER'S MAIDEN NAME Mary Kay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Gay Hayden, Mt. Lake Park Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	6 wks
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1942, to Feb. 8, 1952, that I last saw the deceased alive on Feb. 5, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE C. P. Bannyar Mes (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 2/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/10/1952
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) Oakland, Md. (State)
DATE REC'D BY LOCAL REG. 2/10/52
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland Md

FEB 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0176

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Deer Park, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Died at the home of Mrs. Henry Strawser, Deer Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Abraham (Middle) Duemonsville (Last) Hoff.

4. DATE OF DEATH (Month) (Day) (Year) 2/5/1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12/6/1875

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER OF A FARM.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Preston, County, W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Hoff.

14. MOTHER'S MAIDEN NAME Catherine Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Clyde Barnard, Oakland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	2 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Contracted Vascular Renal Disease	2 mo
	(c) Coronary Heart Disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to Feb 9, 1952, that I last saw the deceased alive on Feb 8, 1951, and that death occurred at 6 P.M. m., from the causes and on the date stated above.

SIGNATURE Ralph Calandella (Degree or title) M.D. ADDRESS Ketchville Md DATE SIGNED Feb 11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/12/1952

NAME OF CEMETERY OR CREMATORY Thayerville Cemetery,

LOCATION (City, town, or county) (State) Thayerville, Md

DATE REC'D BY LOCAL REG. 2/12/1952

REGISTRAR'S SIGNATURE Julia L. Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md

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FEB 28 1952
BUREAU OF S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Star Route. LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Star Route.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Hoff.
4. DATE OF DEATH (Month) (Day) (Year) 2/20/1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 11/10/1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hoyes, Md. Garrett Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Preston Savage.
14. MOTHER'S MAIDEN NAME Lucinda Fear.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Clyde Barnard, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Cerebro-vascular accidents — INTERVAL BETWEEN ONSET AND DEATH Last one 12 Feb 52

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Nov, 1951, to 28 Feb, 1952, that I last saw the deceased alive on 19 Feb, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE Thomas J. Cushy (Degree or title) M D ADDRESS Oakland, Md DATE SIGNED 2/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 3/2/1952 NAME OF CEMETERY OR CREMATORY Thayerville Cemetery LOCATION (City, town, or county) (State) Thayerville. Md.

DATE REC'D BY LOCAL REG. 3/2/52 REGISTRAR'S SIGNATURE Julia A Rawson L.R.
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

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MAR 10 1952
BUREAU V. L.

Items 5,6,7 Film C140 3 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15

1. PLACE OF DEATH
COUNTY: Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Accident
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Accident
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) HENRY (Last) KAHL

4. DATE OF DEATH: (Month) FEB (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 15, 1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Accident Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Kahl

14. MOTHER'S MAIDEN NAME: Louisa Spoerline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Raymon Kahl Accident Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10-15yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19[illegible], to 2-24-52, 19[illegible], that I last saw the deceased alive on 2-24-52, 19[illegible], and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE: A. Mauer (Degree or title) MD ADDRESS: Oakland DATE SIGNED: 2-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-27-1952 — NAME OF CEMETERY OR CREMATORY: German Luthern — LOCATION (City, town, or county) (State): Accident Md

DATE REC'D BY LOCAL REG.: Feb 25 52 — REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winebrenner — ADDRESS: Grantsville Md

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FEB 27 1952
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 161

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Markleysburg, Pa. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Markleysburg, Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LEMUEL (Middle) H. (Last) LANCASTER
4. DATE OF DEATH (Month) Feb (Day) 14 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-15-88
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Fayette Co, Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Lancaster.
14. MOTHER'S MAIDEN NAME Belle Herring.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Inabelle Shirer Connellsville, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

-20.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. D. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 2/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-18-52
NAME OF CEMETERY OR CREMATORY Addison Cemetery,
LOCATION (City, town, or county) (State) Addison, Pa.

DATE REC'D BY LOCAL REG. Feb 26, 1952
REGISTRAR'S SIGNATURE Kathryn Fike
24. FUNERAL DIRECTOR H. B. Rishebarger ADDRESS Addison Pa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
FEB 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garr. Co. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rowlesburg
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) (Wiles) (Last) Moore
4. DATE OF DEATH (Month) Feb. (Day) 17 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 2/3/1866
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) W. Va.
12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME John Wiles
14. MOTHER'S MAIDEN NAME Christina (Wiles)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Self

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure and pneumonia	2 days?
902.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of pelvis at symphysis	2/5/52 ?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility and Art. C.V.D.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Rowlesburg, (COUNTY) Preston Co. (STATE) W. Va.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2/5/52 ? m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell from bed?

22. I hereby certify that I attended the deceased from 2/6/52, 19....., to 2/17/52, 19....., that I last saw the deceased alive on 2/17/52, 19....., and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE Thomas J. Rusby (Degree or title) M. D. ADDRESS Oakland, Md. DATE SIGNED 2/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial
DATE THEREOF Feb. 19, 1952
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) Rowlesburg (State) W.Va.
DATE REC'D BY LOCAL REG. Feb 19/52
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR R. A. Watson Terra Alta W. Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
FEB 26
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bloomington,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Garrett.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bloomington,
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Green (Last) Moorehead.

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1952. 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 29, 1876.

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Barton, Maryland.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frank Green.

14. MOTHER'S MAIDEN NAME: Susan Dawson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Robert Morrehead, Bloomington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocarditis — Interval Between Onset and Death: 1 hr.

260X Antecedent cause(s) Diabetes — 2 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1952, to 2/10, 1952, that I last saw the deceased alive on 2/10, 1952, and that death occurred at 1:30A m., from the causes and on the date stated above.

SIGNATURE: E E Berry (Degree or title) M. D. ADDRESS: Piedmont W. Va. DATE SIGNED: 2/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Feb 13 1952 NAME OF CEMETERY OR CREMATORY: Philos Cemetery LOCATION (City, town, or county) (State): Westernport, Maryland.

DATE REC'D BY LOCAL REG. 2-12-52 REGISTRAR'S SIGNATURE: Dorsey Pattison

24. FUNERAL DIRECTOR: W Hamel Fridley Jr. ADDRESS: Piedmont W. Va.

RECEIVED
FEB 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct age is especially important. Physicians: please write the ■ause of ■eath clearly ■nd legibly.

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND | LENGTH OF STAY (In this place) 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY GRANT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAYARD, W[illegible]2 Va.
STREET ADDRESS (If rural, give location) W.VGT Va.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NELSON	H.	RENN	FEBRUARY	10,	19[illegible]2

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
MALE	WHITE	MARRIED	AUG. 18, 1910	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LABORER PIPE LINE MAN, GAS		MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD FRANKLIN RENN.	ALICE ADELIA [illegible]RING.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
WAR 2	717-12-6025	Mrs. Nelson Renn, Bayard, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Heart Disease (occlusion)	1½ Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. E. Mance	M.D.	Oakland Md	11 Feb. 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2/14/52	BAYARD CEMETERY	near Bayard, W. Va.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/13/52	Julia A. Rowan	Linsay D. Robison	OAKLAND, MD.

Loane

VS. ALBA

BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND RURAL
STREET ADDRESS (If rural, give location) ROUTE # 1

3. NAME OF DECEASED (Type or Print) (First) OSCAR (Middle) S. (Last) RIDDER
4. DATE OF DEATH (Month) FEBRUARY (Day) 28, (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH JULY 4, 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY Owner of Farm
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME RIDDER, HENRY
14. MOTHER'S MAIDEN NAME WILT, MARTHA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mr. Baity Ridder, Oakland, Md. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	2 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Heart Disease & failure	1 yr
	(c) Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to Feb 28, 1952, that I last saw the deceased alive on 28 Feb, 1952, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE I. E. Maner (Degree or title) MD. ADDRESS Oakland DATE SIGNED 29 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/2/1952
NAME OF CEMETERY OR CREMATORY St. John Church Cemetery
LOCATION (City, town, or county) (State) Red House, Md.
DATE REC'D BY LOCAL REG. 3/2/52
REGISTRAR'S SIGNATURE Julia G. Rowan
24. FUNERAL DIRECTOR Emery D. Bolden ADDRESS Oakland, Md.

RECEIVED
MAR 10 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Mt. Lake Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md. LENGTH OF STAY (in this place) 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Died in her home Mt. Lake Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Mable (Last) Schooley.

4. DATE OF DEATH (Month) (Day) (Year) 2/15/1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 6th, 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Piqua, Ohio.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Oakey Johnson Schooley
14. MOTHER'S MAIDEN NAME Catherine Fitzwater.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Thomas O. Schooley, Mt. Lake Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia — 5 days

(c) Hypertensive Cardio vascular disease 20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-, 1949, to 2-13, 1952, that I last saw the deceased alive on 2-13, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 58 and St Oakl. Md DATE SIGNED 2-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/17/1952
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Maryland

DATE REC'D BY LOCAL REG. 2/19/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

RECEIVED
FEB 28 1992
BUREAU OF L M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 20 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRELLIN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) WALTER (Last) SHAFFER

4. DATE OF DEATH (Month) FEBRUARY (Day) 24 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH NOV. 30, 1894
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME SHAFFER, MICHAEL
14. MOTHER'S MAIDEN NAME ASHBY, HANNAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY NO. 213-10-5760
17. INFORMANT AND ADDRESS Kenneth Shaffer, Crellin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH 6 years

2041 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 24 Feb, 1952, that I last saw the deceased alive on 24 Feb, 1952, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland DATE SIGNED 24 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/27/1952
NAME OF CEMETERY OR CREMATORY Hoyes Cemetery.
LOCATION (City, town, or county) (State) Hoyes, Maryland.

DATE REC'D BY LOCAL REG. 2/27/52
REGISTRAR'S SIGNATURE Julia Rawan
24. FUNERAL DIRECTOR Emroy N. Bolden, ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Crellin MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Md. Rural — LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Md. Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Benny (Middle) Wayne (Last) Sliger				4. DATE OF DEATH (Month) (Day) (Year) 2/25/1952 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1/5/1952	9. AGE last birthday yrs.	If under 1 year Months 1 Days 20 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crellin, Maryland.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wilbur Sliger			14. MOTHER'S MAIDEN NAME Rebecca Paugh.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —		17. INFORMANT AND ADDRESS Wilbur Sliger, Crellin, Md.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho pneumonia — 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M D — ADDRESS Oakland Md — DATE SIGNED Feb. 26-1952

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/7/1952	NAME OF CEMETERY OR CREMATORY Ashby Cemetery	LOCATION (City, town, or county) (State) Near Crellin, Md.
DATE REC'D BY LOCAL REG. 3/7/52	REGISTRAR'S SIGNATURE Julia [illegible]	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md.

4 [illegible] 74 [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01771

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett, Mt. Lake Park — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park, Md. — LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) A. (Last) Turney
4. DATE OF DEATH: (Month) 2/20/1952 (Day) (Year) 19
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/9/1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer in a Green House
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Friendsville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Isaac Turney
14. MOTHER'S MAIDEN NAME: Francis Myers.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-14-4287
17. INFORMANT AND ADDRESS: Mrs. Odessa B. Turney, Mt. Lake Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy (Benign)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

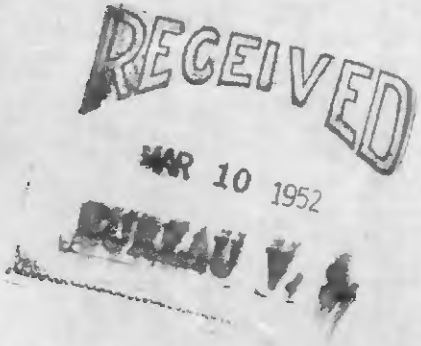
21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1952, to Feb 20, 1952 that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE: E J Bayarton (Degree or title) MD — ADDRESS: Oakland Md — DATE SIGNED: 2/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/22/1952 — NAME OF CEMETERY OR CREMATORY: Oakland Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 2/22/51 — REGISTRAR'S SIGNATURE: Julia A. Rowan — 24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, Md.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MAR 10 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01772

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) GENERAL DELIVERY

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) CATHERINE (Last) TUSING

4. DATE OF DEATH (Month) FEBRUARY (Day) 21, (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 5/26/1948 47
9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME TUSING, HARRY JOSHUA
14. MOTHER'S MAIDEN NAME NAIR, ANNABELLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. & Mrs. Harry Tusing, General Delivery Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Second & Third Degree Burns of

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Face, Truck, Arms & Leg (A&P) — INTERVAL BETWEEN ONSET AND DEATH: 5 hr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home near Oakland (CITY OR TOWN) (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-21-52 11:50 am
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Clothes ignited from hot coals

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Ernest D Brown Gartner M D
ADDRESS Oakland Md
DATE SIGNED 2/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/23/1952
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REG. 2/23/1952
REGISTRAR'S SIGNATURE Julia A Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAR 10 1952
BUREAU V. S.